Initial: 12/11/02
Reviewed/revised: 2/6/06
Revision: 1

# MILWAUKEE COUNTY EMS PRACTICAL SKILL CARDIOPULMONARY PESUSCITATION

Approved by: Ronald Pirrallo, MD, MHSA	
Signature:	
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Compress at rate of 100 beats per minute to depth of 1 1/2 to 2 inches.

Allow chest to fully recoil after each

compression.

Advanced

airway in place?

No

Ventilate at

compression:

ventilation ratio

of 30:2

Yes

Ventilate at

compression:

ventilation ratio of 10:1

(~10 breaths/minute)

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Revision: 1	CARDIOPULN	CARDIOPULMONARY Page 1 of 1	
	RESUSCITAT	ΓΙΟΝ	
Purpose:			Indications:
To attempt to establish return of	spontaneous circulation	n and respiration	Patient is in cardiorespiratory arrest.
in a patient in cardiorespiratory a		,	' '
Advantages:	Disadvantages:	Complications:	Contraindications:
Provides circulation and respirati	on None	Possible chest	Patient has pulse and respiration
during cardiorespiratory arrest		trauma	Patient meets any of the following criteria:
			valid DNR order, decapitation, rigor mortis,
			extreme dependent lividity, tissue decomposition
		Establish	
		unresponsiveness	
		Open the airway;	
		check breathing	
		Is patient	Refer to appropriate
		breathing? Yes ▶	protocol
		No	
	Give 2 bre	eaths, ensuring effective ches	st rise,
	and allo	w for exhalation between brea	aths
	Check fo	or carotid pulse and other sign	is of
	circulat	ion for no more than 10 secon	nds
		Any signs of Yes ►	Refer to appropriate protocol
			·
	1.00	No T	□
		e compressions and ventilatio ge appropriate rate and depth	
•			<u> </u>
Infant: 0 <	1 year	Child: ≥1 < 8 years	Adult: ≥ 8 years
Place 2 thumbs togethe	r over lower 1/2 of	Place heel of 1 or 2 hands	Place heel of both hands on
sternum, encircling che		on middle of sternum	lower 1/2 of sternum
<u> </u>		<b>+</b>	

Compress at rate of 100 beats per minute

to depth of 1/3 to 1/2 depth of chest

Allow chest to fully recoil after each

compression.

Advanced

airway in place?

Check for signs of ROSC no more often than every 2 minutes; if none, continue compressions & ventilation

Ventilate at

compression:

ventilation ratio of 10:1

(~10 breaths/minute)

No

Ventilate at

compression:

ventilation ratio

of 15:2

### **NOTES:**

- Use of a barrier device to provide mouth-to-mouth ventilation is strongly recommended to prevent direct contact with secretions, reducing the risk of significant exposure.
- The rescuer performing chest compressions should switch at least every 2 minutes.
- All ventilations should be 1 second in duration.

Compress with thumbs and fingers at rate

of 100+ beats per minute to depth of 1/3 to

1/2 depth of chest. Allow chest to fully

recoil after each compression.

Advanced

airway in place?

Ventilate at

compression:

ventilation ratio

of 15:2

Yes

Ventilate at

compression:

ventilation ratio

of 5:1

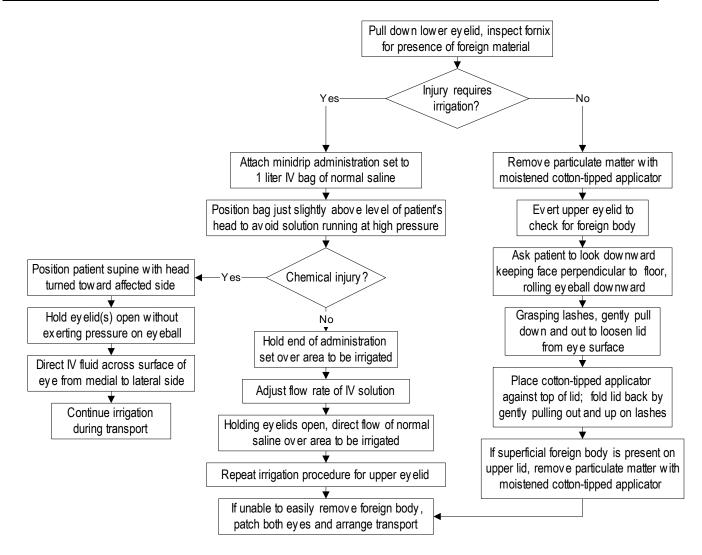
- When an advanced airway is in place, continue compressions non-stop without pausing for ventilation.
- Chest compressions should be done as follows: push hard and fast, releasing completely.

Initial: 9/92 Reviewed/revised: 5/10/00 Revision: 2

### MILWAUKEE COUNTY EMS PRACTICAL SKILL FOREIGN MATERIAL IN EYE

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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Purpose:		Indications:	
To evaluate and remove foreign body or chemical from the anterior surface of the eye		Patient presents with foreign material on the anterior surface of the eye	
Advantages:	Disadvantages:	Complications:	Contraindications:
Decreases discomfort of foreign body in the eye Prevent further injury	May intensify injury if not easily removed	Ocular injury from tip of the irrigating line or from pressure from the fluid stream Vagal stimulation due to ocular pressure	Ruptured globe



#### NOTES:

• Use at least one liter of normal saline to flush each eye.

Initial: 9/92

Reviewed/revised: 5/10/00

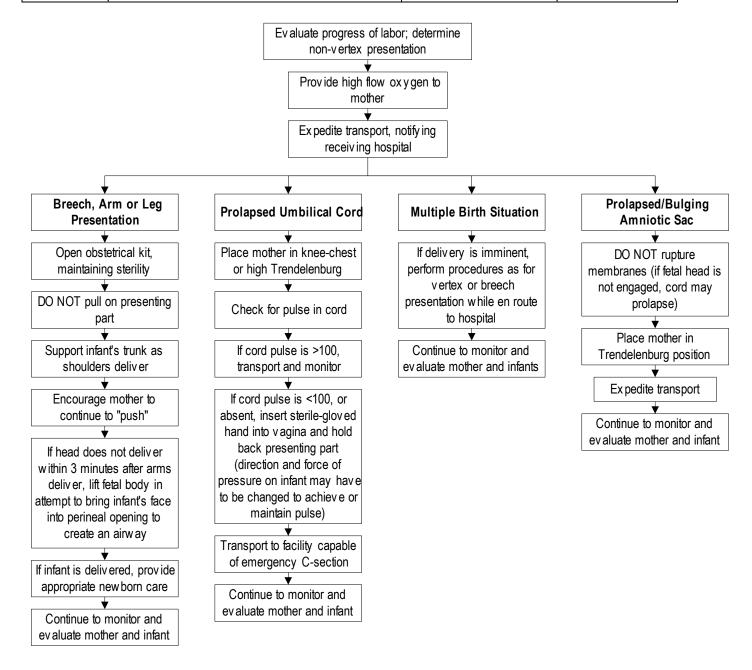
Revision: 2

## MILWAUKEE COUNTY EMS PRACTICAL SKILL LABOR/DELIVERY

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
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### **NON-VERTEX PRESENTATION**

Purpose:	Indications:
To evaluate and assist a woman in labor as necessary when	Patients in labor with imminent delivery and
the infant's position is not vertex	infant not in the vertex position



#### NOTES:

• IV lines should only be started when their need is critical and they will not delay transport.

Initial: 9/92

Reviewed/revised: 5/10/00

Revision: 2

# MILWAUKEE COUNTY EMS PRACTICAL SKILL LABOR/DELIVERY VERTEX PRESENTATION

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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Purpose:	Indications:
To monitor and assist in the obstetrical delivery of an infant	Patients in labor with imminent delivery and
in the vertex position	infant in the vertex position

Evaluate progress of labor to determine if delivery in the field is imminent, if not, begin transport

Begin transport regardless of progress of labor for women whose history and/or physical assessment indicate potential complications (vaginal bleeding, abnormal vital signs, etc.)

Position patient supine with legs flexed, protecting patient's privacy as much as possible

Place absorbent material under patient's buttocks

Begin transport if mother shows signs of: hypertension, hypotension, tachy cardia > 120/min, decrease in intensity or frequency of contractions, contractions lasting longer than 70 seconds, vaginal bleeding

Open obstetrical kit, maintaining sterility; start IV; run at keep-open rate unless volume replacement is indicated

Observe color/content of amniotic fluid; anticipate airway problems in newborn if meconium staining is present

Maintain gentle pressure against emerging fetal head to prevent explosive delivery

Clean infant's face and suction mough and nose when head is delivered

If cord is looped around infants neck: a. loosen cord and slip over newborn's head; or b. if cord cannot be loosened, place two clamps on the cord and cut between the clamps

Gently guide infant's head downward to deliver top shoulder, then upward to deliver bottom shoulder, maintaining secure grip on infant as body is delivered

Complete new born assessment and care, recording time of birth and sex of infant; evaluate new born using APGAR score at one and five minutes after birth

When cord stops pulsating, place 2 clamps at least 10 inches from infant's abdomen on cord; cut between clamps, using sterile technique

Dry infant's skin; wrap in warm, dry blankets; cover head, leaving face exposed

Massage maternal abdomen to facilitate contraction of uterus and separation of placenta; do not pull on cord to deliver placenta; when gush of blood indicates separation, instruct mother to "push"

Place placenta in container and bring with mother and infant to hospital

Transport mother and infant together, continuously monitoring both

Initial: 9/92 Reviewed/revised: 10/14/09 Revision: 3

### MILWAUKEE COUNTY EMS PRACTICAL SKILL NEEDLE THORACOSTOMY

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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Purpose:		Indications	1
To provide an open vent into the pleural space to decompress		Patients presenting with suspected tension	
suspected tension pneumot	horax	pneumotho	orax
Advantages:	Complications:		Contraindications:
Decompresses tension	Intercostal artery injury		None if patient meets clinical
pneumothorax	latrogenic pneumothorax if origin	nal diagnosis	criteria
Facilitates ventilation	was incorrect		

Locate suprasternal notch, move laterally to midclavicular line and locate second and third rib on side of pneumothorax Remove protective sheath and confirm extratatheter is in place on 14 guage needle Cleanse insertion site with alcohol Insert needle and extracatheter at a 90 degree angle directly over third rib When tip of needle has passed through chest wall and touches third rib, alter the angle and "walk" the needle over third rib, advancing it into the pleural cavity Listen for escape of air to confirm placement of the catheter Withdraw needle and tape extracatheter in place Dispose of contaminated materials in appropriate receptacle

#### NOTES:

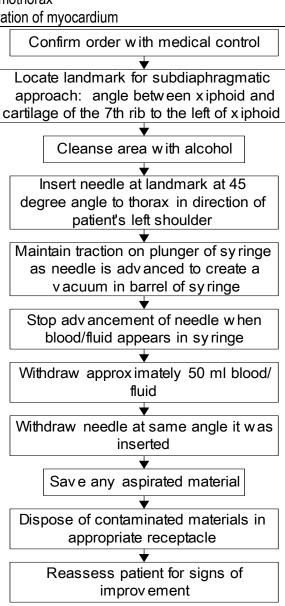
- Signs/symptoms of a tension pneumothorax: restless/agitated; increases resistance to ventilation; jugular vein distention; severe respiratory distress; decreased or absent breath sounds on the affected side; hypotension; cyanosis; tracheal deviation away from the affected side
- Indications that procedure was successful: increase in blood pressure; loss of jugular vein distention; decreased dyspnea; easier to ventilate patient; improved color

Initial: 9/92 Reviewed/revised: 5/21/08 Revision: 2

### PRACTICAL SKILL PERICARDIOCENTESIS

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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Purpose:		Indications:	
To remove blood or fluid from the pericardial sac		Pulseless, apneic patients with signs/symptoms of pericardial tamponade	
Advantages:	Complications:		Contraindications:
Removes blood or fluid	Damage to the left anterior descending coronary artery		Any patient with pulses
from the pericardial sac	Pneumothorax		
	Laceration of myocard	lium	



### NOTES:

• Signs/symptoms of pericardial tamponade are: hypotension, tachycardia, distended neck veins, narrow pulse pressure, lack of pulses with CPR.

Initial: 9/92 Reviewed/revised: 5/12/04 Revision: 3

# MILWAUKEE COUNTY EMS PRACTICAL SKILL PNEUMATIC ANTI-SHOCK GARMENT (PASG) (MAST)

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
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	GARMENT (PASG) (I	<u>MASI)</u>		
Purpose:			Indications:	
To increase intra-abdominal/intra-pelvic pressure and peripheral		Suspected abdominal aortic aneurysm		
vascular resistance			vic and/or femur fracture	
To provide rigid stabilization for suspe	To provide rigid stabilization for suspected pelvic and/or lower			tissue injuries to lower extremities
extremity fractures	•			
Advantages:	Disadvantages:	Complications:		Contraindications:
Increased arterial blood pressure	Covers abdomen,	• • • • • • • • • • • • • • • • • • • •		Absolute Contraindications
Increased venous return to the	pelvis and lower			Pulmonary edema/CHF
heart	extremities,	by garme		Penetrating thoracic injury
Increased/stabilized cardiac	obscuring visualization	transport	may delay	Thoracic aneurysm or dissection
output  Decrease of hemorrhage under	VISUAIIZALIOIT	transport	•	Contraindications to abdominal inflation:
the garment				Abdominal evisceration
Stabilization of fractures				Acute abdominal distention
				Impaled object in abdomen
				3 <sup>rd</sup> trimester pregnancy
	•	INFLATI	ON	
	Uı	nfold PASG on	long board	
	Remove sharp obje	cts from patient	s pockets or remove	e clothing
		· •	·	<u> </u>
		Dress any w	ounds	
Note an	d document phy sical assessr	ment findings of	any pathology which	h will be covered by PAS¢
	Marra matiant	<b>↓</b>	liminar anna atratala	
	Move patient onto PASG, utilizing scoop stretcher			
	Position patient on PAS	G with superior	edge of suit just belo	ow rib cage
	<b>—</b>			
Beginning at ankles, secure velcro straps to mold suit around the patient				
Attach inflation pump and open all three valves				
		<del>▼</del> Inflate the sui	t until:	
a. The patient's systolic pressure exceeds 90 mmHg (if the suit is used for hypotension)				used for hypotension)
b. The velcro straps crackle				
c. Air escapes from the relief valves				
Close valves to all compartments				
Assess and monitor changes in nation's condition				
Assess and monitor changes in patient's condition				
DEFLATION				
	Assure IV lines are in place and all blood/fluid loss has been controlled			en controlled
	Close valves and remove tubing			
Olose valves and remove ability				
Slowly def	Slowly deflate abdominal portion, 1/3 of the air at a time, monitoring vital signs and level of consciousness			ns and level of consciousness
Slowly deflate one leg, then the other monitoring vital signs and level of consciousness				
▼				

#### NOTES:

• Deflation should be stopped anytime the patient's systolic pressure falls more than 5 mmHg or pulse increases by more than 5 beats/minute or there is any change in level of consciousness.

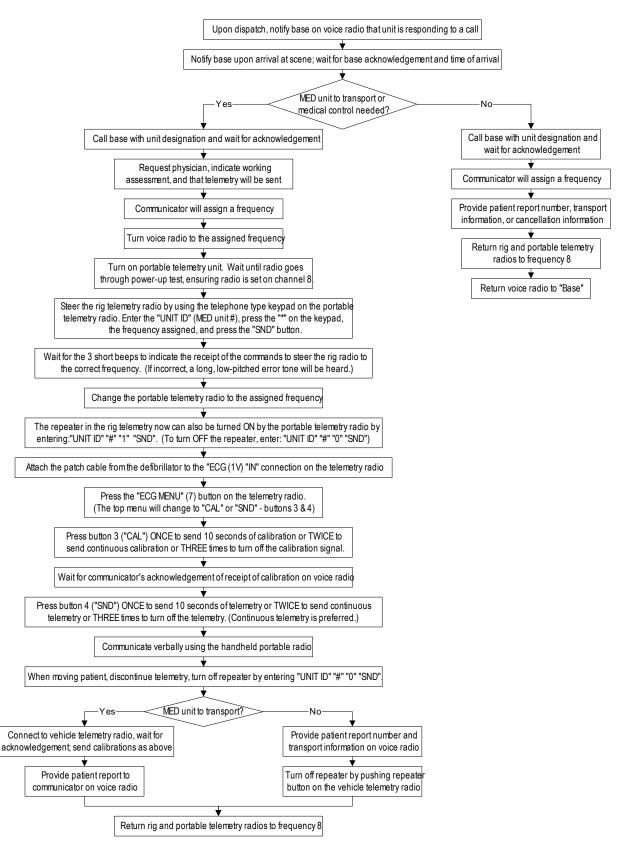
If there is a decrease in blood pressure or increase in pulse, reinflate the PASG and reassess volume status

Initial: 9/92 Reviewed/revised: 9/12/01 Revision: 3

### MILWAUKEE COUNTY EMS PRACTICAL SKILL RADIO COMMUNICATION

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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**Purpose:** To establish contact with and communicate information to the paramedic Communications Center.



Initial:	MILWAUKEE COUNTY EMS	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	PRACTICAL SKILL	Signature:
Revision:	RADIO REPORT ELEMENTS	Page 1 of 1
	TO BASE/RECEIVING HOSPITAL	

**Policy:** Paramedics will provide a patient report to the base. The communicator will then forward the patient information to the receiving hospital. Some information collected is needed for all patients; some additional information is more helpful depending on the chief complaint and whether the patient is stable or not.

Necessary information on all patients given in the following order:

- Transporting unit
- Case number
- Receiving hospital
- Age and sex
- Chief complaint
- Most recent set of vitals
  - Complete BP is preferred; palpate if necessary
  - o Pulse
  - Respiratory rate/breath sounds
  - Mental status (AVPU) or GCS if trauma patient
  - o Pupils
- ECG rhythm
- Skin temperature, color, moisture (if applicable)
- IV yes or no; if patient is unstable with no IV, indicate why there is no IV established
- 02
- SPO2, ETCO2
- Working Assessment (protocol followed)
- Pertinent medical history related to patient's present chief complaint (when relevant)
- Treatment/Interventions provided
  - Medications administered
  - Procedures initiated (c-spine precautions, etc.)
- Results of treatment/interventions
- Estimated time of arrival

#### "Nice to have" information:

- Patient's cardiologist (if patient is having a cardiac event)
- If enrolled in research protocol

Information that can wait until hospital arrival:

- Patient's medications unless patient OD'd on one of them
- Patient's allergies unless it's a medication the patient is likely to receive in the ED

### Sample patient report to the base:

Med unit: MED (#) requesting channel for report
Communicator: MED (#) go to frequency # and stand by
When acknowledged, MED unit will provide report as follows:
MED unit: We are en route to (receiving hospital) with ayear-old (male/female) complaining of
Patient has BP of/, pulse of, and respiratory rate of with(breath sounds). Mental status is ECG rhythm is
ALS interventions include (IV, ET, medications, etc.). Procedures performed include (C-spine precautions, O2, etc.).
Results (Patient has/has not improved). ETA is minutes.

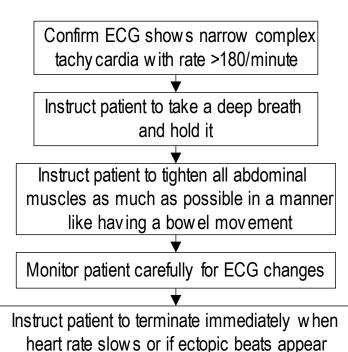
**NOTE:** This policy is also policy 10-2.4 in MCEMS Communications Manual.

Initial: 5/10/00	
Reviewed/revised:	
Revision:	

### MILWAUKEE COUNTY EMS PRACTICAL SKILL VAL SALVA MANEUVER

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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Purpose:		Indications:	
To terminate supraventricular tachyarrhythmia		Supraventricular tachyarrhythmia	
Advantages:	Disadvantages:	Complications: Contraindications:	
Slows the heart to allow for adequate refill time and greater cardiac output	None	Ectopic beats	Patient unable to follow instructions Patient is hemodynamically unstable



### NOTES:

- The patient must be monitored during the procedure and the effort terminated immediately when the heart slows or if ectopic beats appear.
- The val salva maneuver is the only sanctioned vagal maneuver within the Milwaukee County EMS system.
- Patient's with unstable supraventricular tachycardias (patients who show signs of compromised cardiac output) should be treated with medication or synchronized cardioversion.